


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90726 042 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000101077

1. Entity Name
MED ESSENTIALS, INC.



Principal Place of Business
 4970 SW 72ND AVENUE
 SUITE 109
 MIAMI, FL 33155

Mailing Address
 4970 SW 72ND AVENUE
 SUITE 109
 MIAMI, FL 33155

2. Principal Place of Business
 2545 W. 80th Street
 Suite, Apt. #, etc.
 Suite # 2

3. Mailing Address
 2545 W. 80th Street
 Suite, Apt. #, etc.
 Suite # 2



CHECK HERE IF MAKING CHANGES

City & State
 Hialeah, FL

City & State
 Hialeah, FL

Zip
 33016

Country

Zip
 33016

Country

4. FEI Number
 65-1151178

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 QUEVEDO, ALEJANDRO
 4970 SW 72ND AVENUE
 SUITE 109
 MIAMI, FL 33155

7. Name and Address of New Registered Agent
 Name: Quevedo, Alejandro
 Street Address (P.O. Box Number is Not Acceptable):
 2545 W. 80th Street
 #2
 City: Hialeah FL Zip Code: 33016

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Alejandro Quevedo DATE: 4/7/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW! FEES \$150.00
 May 2003 Fee will be \$50.00
 Make checks payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete
D	QUEVEDO, ALEJANDRO	4970 SW 72ND AVENUE SUITE 109	MIAMI, FL 33155	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
D	QUEVEDO, ALEJANDRO	2545 W. 80th Street, Suite #2	Hialeah, FL 33016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alejandro Quevedo DATE: 4/7/03 ORIGINAL PHONE # 3059033600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR